



2-20-07

2PW



STOLL · KEENON · OGDEN
PLLC

2000 PNC PLAZA
500 WEST JEFFERSON STREET
LOUISVILLE, KENTUCKY 40202-2828
502-333-6000
FAX: 502-333-6099
WWW.SKOFIRM.COM

DAVID J CLEMENT
DIRECT DIAL 502-568-5458
DIRECT FAX 502-562-0958
david.clement@skofirm.com

February 13, 2007

VIA EXPRESS MAIL
EV 948548569

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Re: Application No. 10/691,684
Title: Absorbent Bathtub Safety Device
Our File No.: 103753/112970

Dear Sir/Madam:

Enclosed please find an executed Power of Attorney and Correspondence Address Indication Form, along with a Certificate of Express Mail. I have also enclosed a self-addressed, stamped postcard. Please return the postcard to show that your office received the filing.

Thank you for your attention to this matter.

Sincerely,

Kendra L. Uphoff, KCL§
Assistant to David J Clement

DJC/klu

BEST AVAILABLE COPY



PTO/SB/61 (01-08)

Approved for use through 12/31/2008, OMB 0851-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/691,684
Filing Date	08/08/02
First Named Inventor	Hunt, Derwin
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	103763.112970

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

68040

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.☐Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/66)**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Derwin K. Hunt</i>	Date	2-13-07
Name	Derwin K. Hunt	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1480. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY

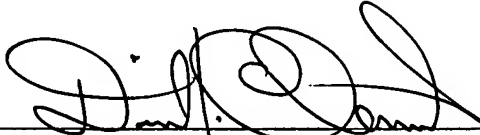


Certificate of Express Mailing under 38 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as Express Mail, label no. EV 948548569 US, in an envelope addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on February 13, 2007 .
Date


Signature

David J. Clement

Typed or printed name of person signing Certificate

44,082
Registration Number, if applicable

(502) 333-6000
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

- 1) Power of Attorney and Correspondence Address Indication Form
- 2) Certificate of Express Mailing
- 3) Return postcard

BEST AVAILABLE COPY